

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY – REGION 2
Division of Enforcement & Compliance Assistance – Air Compliance Branch (DECA-ACB)
290 Broadway – 21st Floor
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O=Original / R=Revised):			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER: 112 Madison LLC			
Address: 116 East 27th Street			
City: New York	State: NY	ZIP: 10016	
Contact: Samco440@aol.com		Tel: 2126847810	
REMOVAL CONTRACTOR: The Asbestos Contractor, Inc.			
Address: 20 Brick Court, Suite D			
City: STATEN ISLAND	State: NY	ZIP: 10309	
Contact: OWEN KINIERY		Tel: 718-608-2290	
OTHER OPERATOR:			
Address:			
City:	State:	ZIP:	
Contact:		Tel:	
III. TYPE OF OPERATION (D=Demolition / R=Renovation) D			
IV. IS ASBESTOS PRESENT? (Yes / No): YES			
V. FACILITY DESCRIPTION (Including building name, number and floor or room number:			
Building Name:			
Address: 112 Madison Avenue			
Address:			
City: New York	State: NY	County: Manhattan	
Site Location: 1st floor corner.			
Building Size:	Sq. Meter:	Sq Ft: 888000	# of Floors: 12
			Age in Years: 104
Present Use: Commercial		Prior Use: Commercial	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS BELOW:			
	RACM to be Removed	Non-friable Asbestos Material Not to be removed Category I	Category II
Pipes – Linear Feet			
Pipes – Linear Meters			
Surface Area – Square Feet		460	
Surface Area – Square Meters			
Volume RACM off Facility Component – Cubic Feet			
Volume RACM off Facility Component – Cubic Meters			
VII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY)		Start: 01/25/2016	Completion: 01/14/2017
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY)		Start:	Completion:

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

XII. WASTE TRANSPORTER #1

Name: ATC

Address: PO BOX 1044

City: HAMPTON BAYS

State: NY

ZIP: 11906

Contact Person: JOE

Telephone: 631-924-5050

WASTE TRANSPORTER # 2

Name:

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name:

MINERVA ENTERPRISES

Address:

9000 MINERVA ROAD SE

City:

WAYNESBURG

State: OH

ZIP: 44688

Telephone: 330-866-3435

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS

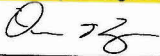
Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).

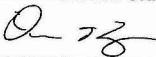


01/14/2016

Signature of Owner/Operator

Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.



01/14/2016

Signature of Owner/Operator

Date